

**TITLE 24, CALIFORNIA BUILDING STANDARDS ADMINISTRATIVE CODE**  
**PART 1, CHAPTER 6**  
**ARTICLE 1**  
**DEFINITIONS AND REQUIREMENTS**

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**SECTION 1.4 COMPLIANCE PLANS** – A compliance plan shall be prepared and submitted for each building subject to these regulations. All general acute care hospital owners shall formulate a compliance plan which shall indicate the facilities intent to do any of the following:

1. Building retrofit for compliance with these regulations for continued acute care operation beyond 2030;
2. Partial retrofit for initial compliance, with closure or replacement expected by 2002, 2008 or 2030;
3. Removal from acute care service with conversion to non acute care health facility use, or
4. No action, building to be closed, demolished, or replaced.

This plan must clearly indicate the actions to be taken by the facility and must be in accordance with the timeframes set forth in Article 2 (Structural Performance Category – “SPC”) and Article 11 (Nonstructural Performance Category – “NPC”) of the Seismic Evaluation Procedure regulations. ~~All general acute care hospital owners shall comply with the seismic performance categories, both SPCs and NPCs, established in the seismic evaluation procedures, Articles 2 and 11 and set forth in Tables 2.5.3 and 11.1 respectively.~~

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**SECTION 1.5 ~~DELAY IN COMPLIANCE REQUIREMENTS~~** - All general acute care hospital owners shall comply with the seismic performance categories, both SPCs and NPCs, established in the seismic evaluation procedures, Articles 2 and 11 and set forth in Tables 2.5.3 and 11.1 respectively.

**Section 1.5.1 – Compliance Deadlines**

1. After January 1, 2002, any general acute care hospital building which continues acute care operation must, at a minimum, meet the nonstructural requirements of NPC 2 as defined in Article 11, Table 11.1 or shall no longer provide acute care services.
- ~~1. 2.~~ After January 1, 2008, any general acute care hospital building which continues acute care operation must, be at a minimum, meet the structural requirements of an SPC 2 facility as defined in Article 2, Table 2.5.3 or shall no longer provide acute care services.  
*Exception: A general acute care hospital may request a delay of SPC 2 requirements if the conditions of Section 1.5.2 are met.*

- ~~2. The Office may grant the hospital owner a delay to subdivision (a) if compliance will result in diminished health care capacity which~~

~~cannot be provided by other general acute care hospitals within a reasonable proximity.~~

- ~~2.1 Hospital owners seeking a delay must submit a written request to the Office including a statement with supporting documentation regarding the reason for noncompliance with subdivision 1.5.1 and a schedule indicating when compliance will be obtained. A delay request and compliance schedule may be submitted simultaneous with the hospital's evaluation and compliance plan pursuant to the requirements of this article. If a delay request is submitted after the seismic evaluation report, compliance plan and schedule, the request must include an amended compliance schedule and must be submitted to the Office no later than January 1, 2007.~~
- ~~2.2 The time extension for compliance shall be granted in one year increments, up to a maximum of five (5) years, beyond the mandated year of compliance. The facility requesting the extension shall provide evidence of efforts to implement an approved Compliance Plan which may include design/construction contracts and schedules which demonstrate efforts to implement the compliance measures within the requested period of extension.~~

3. After January 1, 2008, any general acute care hospital which continues acute care operation must, at a minimum, meet the nonstructural requirements of NPC 3 as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

*Exception: A general acute care hospital may request an exemption from the anchorage and bracing requirements of NPC 3 if all the conditions of Section 1.5.2.2 are met.*

4. After January 1, 2030, any general acute care hospital building which continues acute care operation must, at a minimum, meet the structural requirements of SPC 5 as defined in Article 2, Table 2.5.3 and the nonstructural requirements of NPC 5 as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

### **Section 1.5.2 Delay in Compliance**

1. The Office may grant the hospital owner a delay to Section 1.5.1.2 if compliance will result in diminished health care capacity which cannot be provided by other general acute care hospitals within a reasonable proximity.
1. Hospital owners seeking a delay must submit a written request to the Office including a statement with supporting documentation regarding the reason for noncompliance with

Section 1.5.1.2 and a schedule indicating when compliance will be obtained. A delay request and compliance schedule may be submitted simultaneous with the hospital's evaluation and compliance plan pursuant to the requirements of this article. If a delay request is submitted after the seismic evaluation report, compliance plan and schedule, the request must include an amended compliance schedule and must be submitted to the Office no later than January 1, 2007.

2. The time extension for compliance shall be granted in one year increments, up to a maximum of five (5) years, beyond the mandated year of compliance. The facility requesting the extension shall provide evidence of efforts to implement an approved compliance plan which may include design/ construction contracts and schedules which demonstrate efforts to implement the compliance measures within the requested period of extension.

2. Any general acute care hospital located in Seismic Zone 3, as defined by Section 1627A.2 of the 1995 edition of the California Building Standards Code, may request an exemption from the anchorage and bracing requirements of NPC 3 if all of the following conditions are met:

1. The hospital must meet the anchorage and bracing requirements for NPC 2 by January 1, 2002;
2. The hospital shall submit a site-specific engineering geologic report, prepared in accordance with Section 1634B.1. The report shall include estimates of the effective peak ground acceleration (EPA) with a 10% probability of exceedance in 50 years;
3. The California Division of Mines and Geology (CDMG) reviews and approves the findings of the site-specific engineering geologic report;
4. The site-specific engineering geologic report demonstrates that the estimated EPA with a 10% probability of exceedance in 50 years is less than 0.25 g.
5. The hospital owner requesting the exemption shall be the actual costs of OSHPD and CDMG for the review and approval of the site-specific engineering geologic report.